

File

93-019

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 3 — 1 9

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/93 and 10/1/93

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.914 and 1903(f)

7. FEDERAL BUDGET IMPACT:

a. FFY 94 \$ 288,598

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Pg. 24 (93-19)
Suppl. 1 to Attachment 2.6-A, Pg. 9 (93-19)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Pg. 24 (91-12)
Suppl. 1 to Attachment 2.6-A, Pg. 9 (92-15)

10. SUBJECT OF AMENDMENT:

Change in termination date and minor changes in MNILs for some households of 6, 8, 9 and 10 based on AFDC changes.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Cornelius Hogan

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

12/20/93

16. RETURN TO:

Debbie Mercy
Planning & Evaluation
Department of Social Welfare
103 South Main Street
Waterbury, Vermont 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/27/93

18. DATE APPROVED:

12/27/93

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/93 and 7/1/93 + 10/1/93

20. SIGNATURE OF REGIONAL OFFICIAL:

Ronald Preston

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Administrator

23. REMARKS:

DEC 27 93

RECEIVED
BOSTON-HCFA-DM/A/17

Revision: HCFA-PM-91-4
August 1991

ATTACHMENT 2.6-A
Page 24
OMB No.:0938-

State: Vermont

Citation	Condition or Requirement
42 CFR § 435.914	11. Effective Date of Eligibility
	a. Groups Other Than Qualified Medicare Beneficiaries
	(1) For the prospective period.
	Coverage is available for the full month if the following individuals are eligible at any time during the month.
	<input checked="" type="checkbox"/> Aged, blind, disabled.
	<input checked="" type="checkbox"/> AFDC-related.
	Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.
	<input type="checkbox"/> Aged, blind, disabled.
	<input type="checkbox"/> AFDC-related.
	(2) For the retroactive period.
	Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:
	<input type="checkbox"/> Aged, blind, disabled.
	<input type="checkbox"/> AFDC-related.
	Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.
	<input checked="" type="checkbox"/> Aged, blind, disabled.
	<input checked="" type="checkbox"/> AFDC-related.

TN No. 93-19
Supersedes
TN No. 91-12

Approval Date 06-06-01 Effective Date 7/1/93

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 9
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for 1 months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas for 1 months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input checked="" type="checkbox"/> urban only				
<input type="checkbox"/> urban & rural				
5	\$ 1108	\$ 0	\$ 1066	\$ 0
6	\$ 1183	\$ 0	\$ 1150	\$ 0
7	\$ 1316	\$ 0	\$ 1275	\$ 0
8	\$ 1433	\$ 0	\$ 1391	\$ 0
9	\$ 1533	\$ 0	\$ 1500	\$ 0
10	\$ 1641	\$ 0	\$ 1600	\$ 0

For each
addi-
tional
person,
add:

\$ 108 \$ 108 \$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 93-19
Supersedes 92-15 Approval Date 06-06-91 Effective Date 10/1/93
TN No. 92-15

HCFA ID: 7985E